

Care Management Program for Aged, Blind and Disabled Populations

Community Meetings
October, 2006



**Indiana Family and Social Services Administration
Office of Medicaid Policy & Planning**

Meeting Overview



- What is FSSA's vision for providing care to the aged, blind and disabled?
- What is "*Care Management*"?
- What are the benefits of Care Management?

Introduction



“...Current health care often fails to meet the needs of chronically ill people. Treatment regimens for chronic illnesses often do not conform to evidence-based guidelines....

Providers typically devote little time to assessing function, providing instruction on behavioral change or self-care, or addressing emotional or social distress...

Care is fragmented, with little communication across settings and providers...”

Mathematica Policy Institute, 2000

What is the future of FSSA?



2005

10 Percent Medicaid Fiscal
Growth

90 Percent of Seniors in
Nursing Homes are
Medicaid Members

“Crazy Quilt” of Financing

Separation of Care for DD
Population: Medical,
Custodial

2009

5 Percent Medicaid Fiscal
Growth

50 Percent of Seniors in
Nursing Homes are
Medicaid Members

Dollars Follow the Person

Link Care for DD

State's Vision to Date



- The State's Vision to Date
 - To lead the future of healthcare in Indiana by being the most effective health and human services agency in the nation
 - To partner with healthcare providers across Indiana to further evolve the delivery of healthcare in our state
 - To improve health outcomes by providing healthcare based on clinical best practices and targeted to meet the special needs of patients

What are the Administration's goals for the Care Management Program?



- To more effectively tailor benefits to the aged, blind and disabled (ABD) population's needs by using evidence-based medicine to manage services by duration, scope and severity
- To improve the quality of care and health outcomes for the ABD population
- To control the growth of health care costs for the ABD population

What is care management?



"...Care Management programs apply systems, science, incentives, and information to improve medical practice and help patients manage medical conditions more effectively with the goal of improving patient health status and reducing the need for expensive medical services..."

Robert Mechanic, Brandeis University, 2004

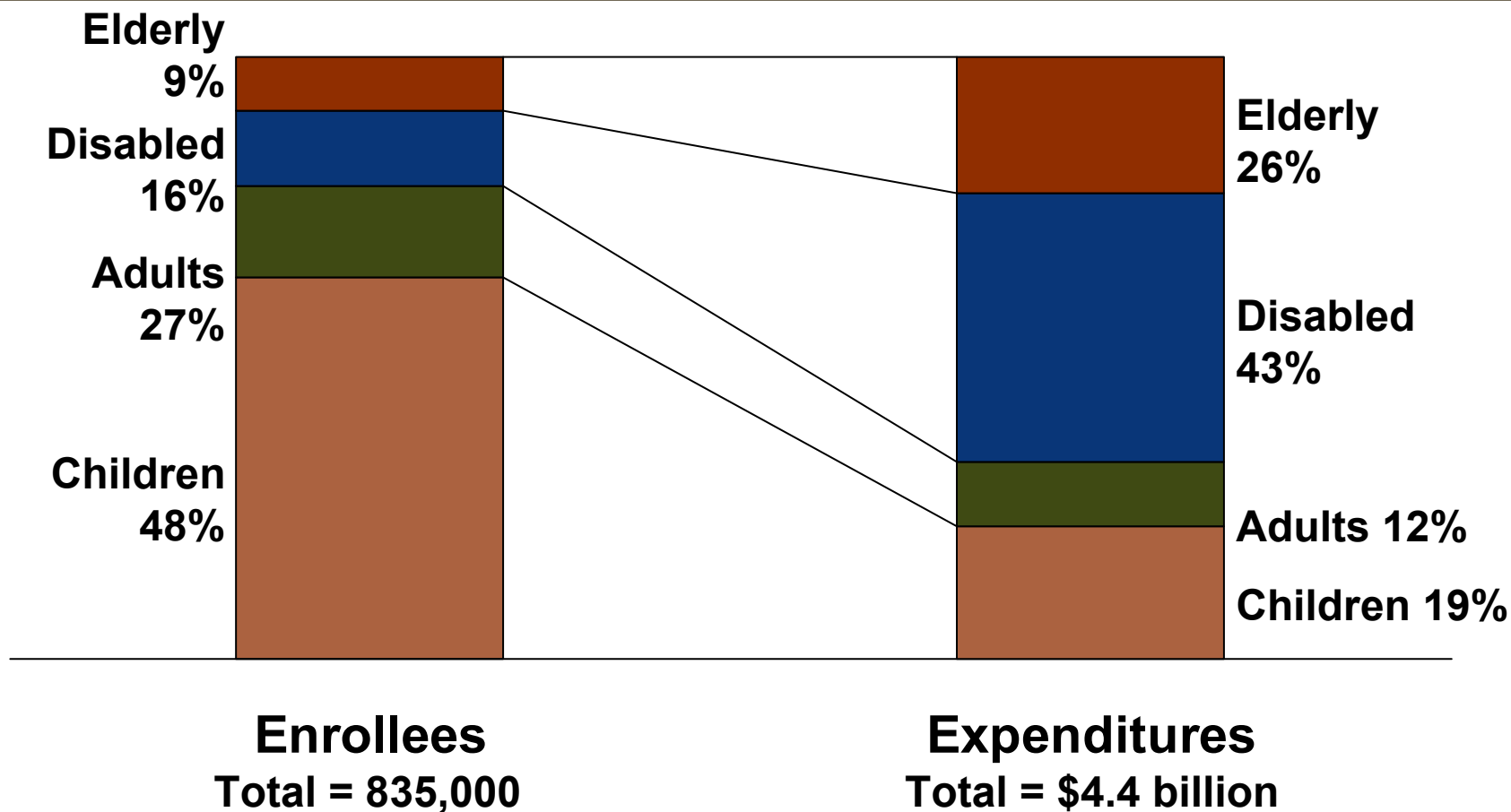
What is care management? (Continued)



- Care management is an “umbrella” term that encompasses the following services:
 - Comprehensive care coordination services are based on the individual, rely on the medical model and include Medicaid-covered services
 - Case management services assist individuals in gaining access to & having a better understanding of needed medical, social, educational and other services
 - Disease management services are population-based and target specific disease states
 - Targeted case management services are case management services provided to a specific class of individuals (e.g., foster children) or individuals who reside in specified areas

Indiana's Medicaid Enrollees and Expenditures by Enrollment Group

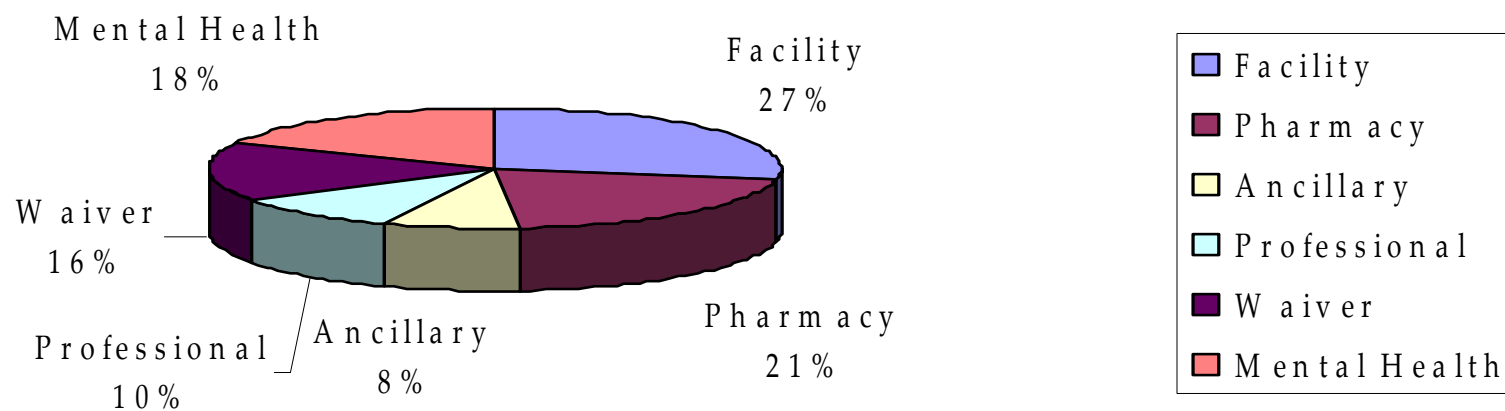
SOURCE: Data compiled from Medinsight using 1/06 enrollment and FY 2005 distribution information.



Note: Data compiled from Medinsight using 1/06 enrollment and FY 2005 distribution information, includes dual-eligibles.

Blind & Disabled Claim Expenditure Distribution, non-duals

SOURCE: Medinsight, FY 2005

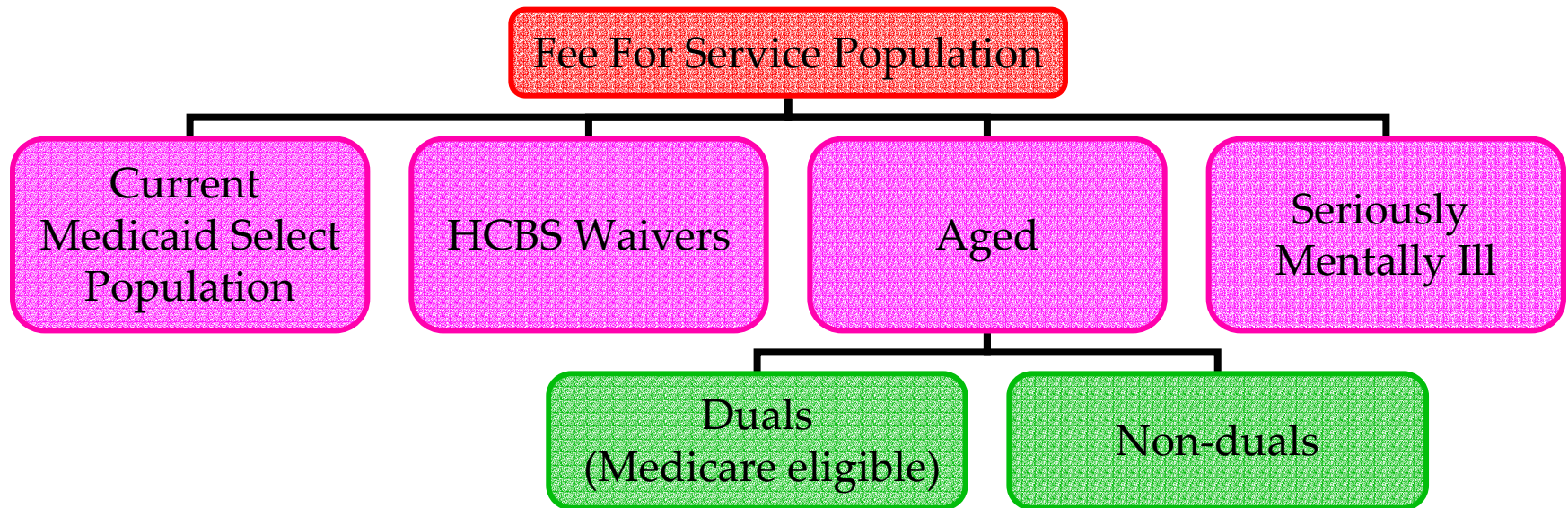


Indiana's ABD Population: Key Statistics



- Most prevalent conditions in Indiana's Medicaid Disabled population
 - Cardiovascular (46%)
 - Psychiatric (45%)
 - Central nervous system (33%)
 - Pulmonary (33%)
- Age Distribution of Indiana's Medicaid Disabled Population
 - 8.7% under age 21
 - 51.3% aged 21 – 49
 - 39.8% aged 50 – 64
 - 0.3% aged 65 and over

Population in Care Management



How Care Management Coordinates Services...



What are the key Care Management Program design features?



Design Feature	Current Medicaid Select Program Feature	Proposed Care Management Program Feature
1. Contracting areas	Statewide	Statewide
2. Contracting entities	<ul style="list-style-type: none"> •PCCM Administrator (AmeriChoice) •Disease Management Vendor •Medical Management Administrator (HCE) 	One contractor for PCCM, care management, and medical management
3. Covered Population	<ul style="list-style-type: none"> • Aged, blind and disabled (both physically and mentally) population • Dual eligibles • Room and board assistance • Children receiving adoptive services • M.E.D. Works enrollees 	<ul style="list-style-type: none"> • Same as Medicaid Select , but also including: <ul style="list-style-type: none"> —Waiver recipients, included as a part of the phase in —Emphasis on diagnosis and functional status of the person

What are the key Care Management Program design features? (continued)



Design Feature	Current Medicaid Select Program Feature	Proposed Feature
4. Member Enrollment	Mandatory enrollment via enrollment broker	<ul style="list-style-type: none"> •Members enroll directly with Care Management vendor
5. Medical Management	<ul style="list-style-type: none"> •Limited management by HCE •PMPs refer members to specialists 	<ul style="list-style-type: none"> •Contractor conducts utilization management of most medical and pharmacy services •Provider profiling •PMPs responsible for referrals
6. Care Management	Disease management program	<ul style="list-style-type: none"> •Expanded disease management •Care management •Comprehensive care coordination
7. Provider Network	PMP network through State	<ul style="list-style-type: none"> •Robust provider network of PMPs, specialists and hospitals •Network managed by the vendor

What are the key Care Management Program design features? (continued)



Design Feature	Current Medicaid Select Program Feature	Proposed Feature
8. Covered Services	Comprehensive, including disease management	Comprehensive, including care management
9. Electronic Data Sharing	No requirements	<ul style="list-style-type: none">• Require electronic data sharing• Leverage existing resources• Encourage affiliations with existing health information networks
10. Risk-sharing arrangement	No current requirements	<ul style="list-style-type: none">• Contractor to produce guaranteed savings and specific clinical outcomes, or return portion of money to State• Not a capitated risk environment

Key Dates for New Care Management Program



Fall 2006

Develop and release Request for Services (RFS)

Winter 2006

Develop evaluation process for Care Management

**Early Spring
2007**

Contract with Care Management Contractor

Spring 2007

Conduct readiness review of Care Management Contractor

Summer 2007

Implement new program

Next Steps for Care Management Program



- The State will:
 - Continue to receive and consider input by outreaching to the community
 - Conduct follow-up meetings, as appropriate
 - Develop and roll out communications strategy for introducing new program

Questions & Considerations

- Your Questions, Concerns, & Reactions